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APPLICANTS

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no
 ** CONTINUING DATA *****

no
 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TAIWAN	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIM 2
Acknowledged Examiner's Signature _____ Initials _____					

ADDRESS

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TITLE

Compensation apparatus for image scan

FILING FEE RECEIVED 3546	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____